

# PATENT

In re: Lamb .  
Serial No. 10/062,954  
Filed: January 31, 2002  
For: METHOD OF TREATING PAIN

**COPY OF PAPERS  
ORIGINALLY FILED**

February 27, 2002

## SUBMITTAL OF ADDITIONAL FILING FEES

In reviewing the file regarding the subject application, the undersigned has noted that the filing fees for the subject application have been miscalculated and fees in the amount of \$36 are due. Specifically, there are three multiple dependent claims (listed below) in the application, which were not properly considered in the fee calculations by the Applicant, or subsequently by the PTO.

Claim 16 - dependent on 2 claims.

As noted on the Fee Transmittal submitted with the application, only 20 total claims were counted, instead of 27 (in view of the multiple dependencies), and the multiple dependent claim fee was not included in the calculation at all. Subsequently, on February 8, 2002, the undersigned's Deposit Account was charged for the multiple dependent claim fee, but the PTO only calculated 3 additional claims instead of 7 additional claims based on the multiple dependencies, and charged the Deposit Account for the 3 excess claims.

To summarize, below are calculations of the fees paid and the actual fees due for the application:

Filing Fees		Fee Code	Paid	Due
Basic Filing Fee		201	\$370	\$370
Independent Claims over 3		202	84	84
Claims over 20		203	27	63
Multiple Dependent		204	140	140
Totals			\$621	\$657
Balance Due				\$36

Ad [redacted] dds: 05/23/2002 55ALEXU  
05/18/2002 INDIEN1 00000053 1002954  
01-25-2003 36.0000

03/15/2002-DUNCUM-0000053-10062954

06-00-92

01 FEB 2023

Lamb  
Ser. No. 10/062,954  
Filed 1/31/02  
Page 2

Accordingly, a check in the amount of \$36 is enclosed to cover the additional claims fees due in the application. Any additional fee or credit may be charged to Deposit Account No. 50-0332.

Respectfully submitted,




Stanley B. Baker  
Reg. No. 35,058

021176  
Summa & Allan, P.A.  
11610 North Community House Road  
Suite 200, Ballantyne Corporate Park  
Charlotte, North Carolina 28277  
Telephone: 704-945-6700  
Facsimile: 704-945-6735  
Our File 1855.4  
S:\FIRM DOCS\1855\4\Fee Transmittal-Supp.doc

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on February 27, 2002.

  
Stanley B. Baker

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin-top: 10px;">Patent fees are subject to annual revision.</p>		<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <b>MAR 11 2002</b>              U.S. PATENT &amp; TRADEMARK OFFICE           </div>		<b>Complete if Known</b>	
		Application Number		To be assigned	
		Filing Date		Concurrently herewith	
		First Named Inventor		Lamb	
		Examiner Name			
		Group / Art Unit			
TOTAL AMOUNT OF PAYMENT		(\$)		454	
		Attorney Docket No.		1855.4	

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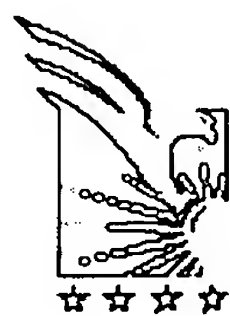
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																										
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">50-0332</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">Summa &amp; Allan, P.A.</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>	<p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td></tr> <tr><td colspan="6">*Reduced by Basic Filing Fee Paid</td></tr> </tbody> </table>	Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65	Surcharge - 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\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Stanley B. Baker	Registration No. Attorney/Agent)	35,058	Telephone	704-945-6707
Signature				Date	1/31/02

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



UNITED STATES  
PATENT AND  
TRADEMARK OFFICE  
☆☆☆☆



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### Deposit Account Statement

Requested Statement Month: February 2002  
 Deposit Account Number: 500332  
 Name: SUMMA & ALLEN, P.A.  
 Attention:  
 Address: 11610 NORTH COMMUNITY HOUSE ROAD  
 City: CHARLOTTE  
 State: NC  
 Zip: 28277

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
02/08	68	10062954	1855.4	203	\$27.00	\$3,272.00
02/08	69	10062954	1855.4	204	\$140.00	\$3,132.00
02/19	3	10073687	5377.6B	204	\$140.00	\$2,992.00
02/20	59	526388		566	\$15.00	\$2,977.00
02/20	60	526396		566	\$30.00	\$2,947.00
02/21	149	09415402	500.114	119	\$320.00	\$2,627.00
02/21	150	09415402	500.114	120	\$320.00	\$2,307.00
02/21	151	09415402	500.114	117	\$920.00	\$1,387.00

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$3,299.00	\$1,912.00	\$0.00	\$1,387.00

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